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Bib Data Sheet

CONFIRMATION NO. 9583

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/805,737   | <b>FILING OR 371(c) DATE</b><br>03/22/2004<br><b>RULE</b>   | <b>CLASS</b><br>132           | <b>GROUP ART UNIT</b><br>3732   | <b>ATTORNEY DOCKET NO.</b><br>J&J-5074 |                                |
| <b>APPLICANTS</b><br>Harold D. Ochs, Flemington, NJ;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/05/2004</b>  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>23              | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>000027777  |   |                               |   |  |                                |
| <b>TITLE</b><br>Dental floss head device with a flavor delivery means  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1040   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |